

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562,219

FILING DATE

12-23-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2	1					
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TOTAL IND.	12		↓		↓	
TOTAL DEP.	0	←		←		←
TOTAL CLAIMS	12	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████	████████	████████	████████	████████